

PTO/SB/21 (09-04) (AW 10/2004)

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**TRANSMITTAL  
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number 10/616,274

Filing Date 07/09/2003

First Named Inventor George Goicoechea et al.

Art Unit 3738

Examiner Name Javier G. Blanco

Attorney Docket No. BSI-210US5

**ENCLOSURES (Check all that apply)**

- ☒ Fee Transmittal Form  
☐ Fee Attached
- ☐ Amendment/Reply  
☐ After Final  
☐ Affidavits/Declaration(s)
- ☐ Extension of Time Request
- ☐ Express Abandonment Request
- ☐ Information Disclosure Statement
- ☐ Certified Copy of Priority Document(s)
- ☐ Response to Missing Parts/  
Incomplete Application  
☐ Response to Missing Parts  
under 37 CFR 1.52 or 1.53

- ☐ Drawing(s)
- ☐ Licensing-related Papers
- ☒ Petition
- ☐ Petition to Convert to a  
Provisional Application
- ☐ Power of Attorney, Revocation,  
Change of Correspondence  
Address
- ☐ Terminal Disclaimer
- ☐ Request for Refund
- ☐ CD, Number of CD(s) \_\_\_\_\_  
☐ Landscape Table on CD

- ☐ After Allowance Communication  
to TC
- ☐ Appeal Communication to Board  
of Appeals and Interferences
- ☐ Appeal Communication to TC  
(Appeal Notice, Brief, Reply  
Brief)
- ☐ Proprietary Information
- ☐ Status Letter
- ☒ Other Enclosure(s) (please  
identify below): Credit Card  
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**Remarks:****SIGNATURE OF APPLICANT, ATTORNEY OR AGENT**

Firm Name RatnerPrestia

Signature

Printed Name Joshua L. Cohen

Date 5/8/2007

Registration No. 38,040

**CERTIFICATE OF TRANSMISSION / MAILING**

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

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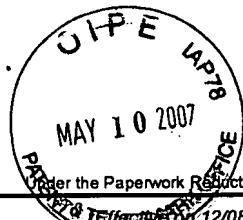
Typed or Printed Name

Date

5/8/2007

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Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

## FEE TRANSMITTAL For FY 2006

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 200.00

### Complete if Known

Application Number	10/616,274
Filing Date	07/09/2003
First Named Inventor	George Goicoechea
Examiner Name	Javier G Blanco
Art Unit	3738
Attorney Docket No.	BSI-210US5

### METHOD OF PAYMENT (check all that apply)

☐ Check ☒ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_

☒ Deposit Account Deposit Account Number: 18-0350 Deposit Account Name: RatnerPrestia

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

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### FEE CALCULATION

#### 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

#### 2. EXCESS CLAIM FEES

Fee Description	Small Entity	
	Fee (\$)	Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims \_\_\_\_\_ Extra Claims \_\_\_\_\_ Fee (\$) \_\_\_\_\_ Fee Paid (\$) \_\_\_\_\_ Multiple Dependent Claims \_\_\_\_\_  
- 20 or HP = \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_ Fee (\$) \_\_\_\_\_ Fee Paid (\$) \_\_\_\_\_  
HP = highest number of total claims paid for, if greater than 20  
Indep. Claims \_\_\_\_\_ Extra Claims \_\_\_\_\_ Fee (\$) \_\_\_\_\_ Fee Paid (\$) \_\_\_\_\_  
- 3 or HP = \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_  
HP = highest number of independent claims paid for, if greater than 3

#### 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets \_\_\_\_\_ Extra Sheets \_\_\_\_\_ Number of each additional 50 or fraction thereof \_\_\_\_\_ Fee (\$) \_\_\_\_\_ Fee Paid (\$) \_\_\_\_\_  
- 100 = \_\_\_\_\_ / 50 = \_\_\_\_\_ (round up to a whole number) x \_\_\_\_\_ = \_\_\_\_\_

#### 4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)  
Other (e.g., late filing surcharge): Suspension Fee Under 37 CFR § 1.17(g)

Fees Paid (\$)

200.00

#### SUBMITTED BY

Complete (if applicable)

Signature	<u>Joshua L. Cohen</u>	Registration No. Attorney/Agent)	38,040	Telephone	610-407-0700
Name (Print/Type)	Joshua L. Cohen	Date	5/8/2007		

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